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DON D CHA SHERIDAN ROSS P C 1560 BROADWAY SUTIE 1200 Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

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APPLICATION NO.   FILING DATE   FIRST NAMED INVENTOR   ATTORNEY DOCKET NO.   CONFIRMATION NO.   69/461,769   12/14/1999   WILLIAM R. BARCLAY   2997-1-3-2   4167	DENVER, CO 802025141				envelope addressed to the Box Issue Fee address above on the date indicated below.			
APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 93/461,709 12/14/1999 WILLIAM R. BARCLAY 2997-1-3-2 14/167 TITLE OF INVENTION: FERMENTATION PROCESS FOR PRODUCING LONG CHAIR OMEGRA? PATH. COIDS WITH ENTIRE MICROORGANISMS  OF FOLIAGE BRAYISTE 00000055 09461709  OF FOLIAGE BRAYISTE OF FOLIAGE BRAYISTE OF FOLIAGE OF FOLIAGE OF FOLIAGE BRAYISTE OF FOLIAGE BRA		•					(Depositor's name)	
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09/461,709  121/4/1999  WILLIAM R. BARCLAY  2997-13-3:  4167  WITTLE OF INVENTION: FERMENTATION PROCESS FOR PRODUCING LONG CHAIN OMBIGNA-3 FAITY ACIDS WITH EURYHALINE MICROORGANISMS  01 FC142  1280,00 (IP)  TOTAL CLAIMS  AFFLY, TYPE  SMALL ENTITY  ISSUE FEE  FUBLICATION FEE  TOTAL FEE(S) DUE  DATE DUE  14 DOORDOVISIONAL  NO  \$1280  \$0 \$1280  \$0 \$1280  \$0 \$1280  \$0 \$1320  \$0	APPLICATION NO.	FILING DATE	F	IRST NAMED INVE	YTOR	ATTORNEY DOCKET NO	. CONFIRMATION NO.	
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EXAMINER  WARE, DEBORAH K  1651  435-134000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563). Use of PTO form(s) and Customer Number are recommended, but not required.  O Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) sitached.  O Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) sitached.  O T-Ee Address indication (or "Fee Address indication form PTO/SB/122) sitached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent, Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  OMEGATECH, TAIC.  BOULDEL, CO  Please check the appropriate assignee category or categories (will not be printed on the patent)  A check in the amount of the foe(s) is enclosed.  O Poblication Fee  Advance Order - # of Copies  Advance Order - # of Copies  O The Commissioner is berteby authorized by charge the required fee(s), or credit any overpayment Depoint Account Number  (Authorized Fignature)  (Cauthorized Fignatu	TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION I			
WARE, DEBORAH K  1651  435-134000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Uso of PTO form(s) and Customer Number are recommended, but not required.  O Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  O The Address from PTO/SB/122 attached.  O The Address from PTO/SB/122 attached.  I The Address from PTO/SB/122 attached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless a assignace is identified below, no assignace data will appear on the patent, inclusion of assignace data is only appropriate when an assignance of the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignance.  (A) NAME OF ASSIGNEE  BOULDER, CO  Please check the appropriate assignace category or categories (will not be printed on the patent)  A. The following foe(s) are enclosed:  A. Psyment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  O Phyment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  O Phyment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  O Phyment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  O Phyment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  O Phyment of Fee(s):  A. COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if required) will just be accepted from sayone other than the application identified above.  (Authorized Signature)  (Date)  NOTE: The Assue Fee and Publication Fee (if required) will just be accepted from sayone other than the application identified above.  (Authorized Signature)  (Date)  O The Commissioner is bertoly authorized by charge the required fee(s), or credit any overpayment for the residence distormey or segatic M. Trademark Office.	14	nonprovisional	NO	\$1280	\$0	\$1280	05/13/2002	
1. Change of correspondence address or indication of "Fee Address" (37 CFB 1.53). Use of PTO form(0) and Customer Number are recommended, but not required, but not required, but not required.  1. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) situached.  2. Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) situached.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DMEGIATECH, TAG.  BOULDER, CO  Please check the appropriate assignee category or categories (will not be printed on the patent)  A. Payment of Fee(s):  A. Payment of Fee(s):  A. Acheck in the amount of the fee(s) is enclosed.  Q Physication Fee  Q Publication Fee  Q Publication Fee  The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if required) will publicate to identified above.  (Authorized Signature)  (Date)  NOTE: The Assue Fee and Publication Fee (if required) will public be accepted from sayoney other than, the applicants a registered attorney or agents. If no name is listed, no name is listed.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DMEGIATECH, TAG.  BOULDER, CO  The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication or required fee(s), or credit any overpayment (each	EXAMI	NER	ART UNIT	CLASS-SUBC	LASS			
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PLEASE NOTE: Unless an assignment is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  DIEGRATECH, TAIC.  BOULDER, CO  Please check the appropriate assignee category or categories (will not be printed on the patent)  4b. Psyment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Distriction Fee  Advance Order - # of Copies  O Psyment by credit card. Form PTO-2038 is attached.  O The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number  The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee (application identified above.  (Authorized Signature)  (Cote)  NOTE: The Jesus Fee and Publication Fee (if required) will/foot be accepted from anyons other than the applicant; a registered attempty or agent, or the assignee or other party is interest as shown by the records of the United States Patent and Trademark Office.  Burden Hour Statement: This form is estimated to lake C2 hours to complete. Time will very	CFR 1.363). Use of PTO f but not required.  O Change of correspond Address form PTO/SB/I:  O "Fee Address" indicati	or agents OR, single firm (h attorney or ag registered pate	up to 3 registered pate alternatively, (2) the saving as a member pent) and the names at attorneys or agents.	name of a series of up to 2	IDAN ROSS P.C.			
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Payment by credit card. Form PTO-2038 is attached.   Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, Deposit Account Number (enclose an extra copy of this form).  The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee application identified above.  (Authorized Signature) (Date)  NOTE: The Assue Fee and Publication Fee (if required) will/not be accepted from anyone other than the applicant; a registered attorney or agent; of the assignee or other party it interest as shown by the records of the United States Patent and Trademark Office.  Burden Hour Statement: This form is estimated to bide 9.2 hours to commiste. Time will vary		enclosed:		•				
The Commissioner is hereby authorized by charge the required fee(s), or credit any overpsyment, Deposit Account Number (conclose an extra copy of this form).  The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee application identified above.  (Authorized Signature)  (Date)  NOTE: The Assue Fee and Publication Fee (if required) will/not be accepted from anyone other than Assue applicant; a registered attorney or agent; or the assignee or other party it interest as shown by the records of the United States Patent and Trademark Office.  Burden Hour Statement: This form is estimated to take 0.2 hours to commisse. Time will vary	issue Fee		·/·	•				
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